

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/098,204	06/16/98	370	2731	203.1099

APPLICANT

HOWARD R. UDELL, WESTPORT, CT; STUART D. BAKER, NEW YORK, NY; CARY S. KAPPEL, NEW YORK, NY; GREG M. SHERMAN, NEW YORK, NY; WILLIAM RIES, NORTH BRUNSWICK, NJ.

****CONTINUING DOMESTIC DATA*******
VERIFIED

none

****371 (NAT'L STAGE) DATA*******
VERIFIED

none

****FOREIGN APPLICATIONS*******
VERIFIED

none

FOREIGN FILING LICENSE GRANTED 07/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>Shu</u> Examiner's Initials	CT	16	43	7

ADDRESS

DAVIDSON DAVIDSON & KAPPEL
1140 AVENUE OF THE AMERICAS
15TH FLOOR
NEW YORK NY 10036

TITLE

SELF-DESTRUCTING DOCUMENT AND E-MAIL MESSAGING SYSTEM

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,754		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3784

SERIAL NUMBER 09/098,204	FILING DATE 06/16/1998 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. 200.1099
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APPLICANTS

HOWARD R. UDELL, WESTPORT, CT;

STUART D. BAKER, NEW YORK, NY;
CARY S. KAPPEL, NEW YORK, NY; GREG M. SHERMAN, NEW YORK, NY;
WILLIAM RIES, NORTH BRUNSWICK, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 07/01/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 16	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
23280
DAVIDSON, DAVIDSON & KAPPEL, LLC
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NEW YORK, NY
10018

TITLE
SELF-DESTRUCTING DOCUMENT AND E-MAIL MESSAGING SYSTEM

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)